

Educational Grantor & Exhibitor Application

Contact Information

COMPANY NAME	
ADDRESS	
CITY	STATE ZIP
PHONE ()	FAX ()
E-MAIL	
CONTACT PERSON	
AUTHORIZED SIGNATURE	
BADGE INFORMATION	1. _____
(2 PER 10' x10')	2. _____
BOOTH — EACH	1. _____
ADDITIONAL EXHIBITOR	2. _____
IS \$150.00 EACH	3. _____
	4. _____

Educational Grantor Benefits

- ☐ Educational Grantor — the event we want to sponsor is:
- ☐ Lunch with Speaker on Thursday
 - ☐ Lunch with Speaker on Friday
 - ☐ Keynote Speaker or Panel
 - ☐ Continental Breakfast (2 available — Thurs. or Fri.)
 - ☐ 1 Refreshment Break (2 breaks available)

Other Sponsorship Opportunities

- | | |
|--|---|
| <input type="checkbox"/> Conference Bags \$15,000 | <input type="checkbox"/> Calculator \$6,000 |
| <input type="checkbox"/> Notepad \$8,000 | <input type="checkbox"/> Badge-Holder Necklaces |
| <input type="checkbox"/> Coffee Mugs \$8,000 | \$7,000 |
| <input type="checkbox"/> Networking Reception | <input type="checkbox"/> Pocket Schedule \$5,000 |
| \$15,000 | <input type="checkbox"/> Binder \$10,000 |
| <input type="checkbox"/> Highlighter Pen . . . \$5,000 | |

Booth Rental (Includes 2 exhibitor personnel)

- ☐ Booth rental _____ @ \$1,750 \$ _____
- ☐ Add'l personnel in booth _____ @ \$150 \$ _____

Booth choice — see floor plan for location numbers:

1st choice 2nd choice 3rd choice

Please list any companies you would rather not be near:

Advertising

- ☐ Reserve my company a prime advertising spot in the program. Description of ad(s) — size, color etc.:

Payment Information

- ☐ Educational Grantor
- ☐ Major ☐ Sustaining ☐ Contributing Cost \$ _____
- ☐ Other Sponsorship Opportunities Cost \$ _____
- ☐ Exhibitor Cost \$ _____
- ☐ Advertiser _____ Pages (see rate sheet) Cost \$ _____
- *Total \$ _____

Tax ID Number 91-1892021

Reservations for Summit Educational Sessions

With the purchase of each 10' x 10' booth space, exhibitors receive one admission to the Summit educational sessions. To receive a Summit registration packet, call Joni Lipson at 888-580-8373.

Billing Information Amount \$ _____

☐ Check Enclosed

☐ Charge my Credit Card:

☐ AMEX ☐ Visa ☐ MC EXP. DATE /

ACCOUNT NUMBER: - - -

NAME ON CARD: _____

SIGNATURE: _____

50% deposit is required for all marketing options chosen. Balance must be paid in full by 2/9/01. Cancellation fee for exhibit space is the full deposit. Advertising and Educational Grantor fees are non-refundable. A confirmation letter and exhibitor service kit will be sent to confirmed exhibitors prior to the conference. Two exhibitor name badges will be issued per display space.

Make check payable to:

Health Care Conference Administrators, LLC.

Please return this completed form with check to:

Joni Lipson

1211 Locust Street, Philadelphia, PA 19107

Fax: 215-545-8107 • Phone: 888-546-3750

Email: joni.lipson@rmpinc.com